

## **CHAPTER 3**

### **AMENDMENTS AND CONTRACT CHANGES**

#### **Introduction**

This chapter includes information regarding how to amend or change the existing contract on file with the State WIC Branch. A local agency must request written approval from the State WIC Branch for any scope of work or budget changes. Failure to obtain prior approval may result in denial of those associated costs in the 5-line item budget, and may result in an audit finding.

## **I. GENERAL INFORMATION**

#### **Contract Amendment Rationale**

A contract amendment is a formal change to an existing contract. The State WIC Branch will initiate amendments to:

- Increase or decrease the maximum funding allocation;
- Increase maximum caseload;
- Modify the scope of work; and
- Change the terms and conditions.

Local agency may initiate an amendment request to:

- Modify a budget when line-item shift limits need to be exceeded.
- Change names. When a local agency changes its legal name for any reason, an amendment is required to formally change the name. Payment can only be made to the contractor listed on the local agency contract.

## **II. CONTRACT AMENDMENTS**

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**Procedure for  
Requesting Contract  
Amendments**

Requests for contract amendments must be submitted in writing (on local agency letterhead and signed by the Primary WIC Program Contact) to the State WIC Branch regional advisor with the following information:

1. the proposed change with justification;
2. the proposed effective date;
3. an amended budget which details the change (if applicable); and
4. the information listed below.

**Information Required  
for Amendments**

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Type of Amendment	Additional Information Required
Line Item Shift Request	Line Item Shift request form, Attachment 11-3.
Non-Profit Local Agency Name change	<ul style="list-style-type: none"><li>• Payee Data Record Form (Std. 204) Attachment 3-1, and</li><li>• Proof of the legal name change (i.e., documentation filed with the Secretary of State's Office showing a new fictitious business name or Doing Business As (DBA) certification and possibly other documentation approved by a corporations Board of Directors).</li></ul>
Local Government Local Agency Name Change	<ul style="list-style-type: none"><li>• Local Government Name Change form, Attachment 3-2</li></ul>

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**Contract Amendment  
Process**

The State WIC Branch will send an award letter and related documents to local agencies to identify the purpose of the amendment. Local agencies must request to amend their

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contract in writing.

1. The State WIC Branch will send a funding summary and budget worksheet by email (if applicable).
2. The funding summary (if applicable) must be returned to the State WIC Branch via email, fax, or mail within two weeks (attention LASS contract analyst).
3. The contract is developed and one signed copy of the Standard Agreement Amendment (Std. 213A) form is sent to the local agency for approval and signature.
4. The local agency keeps one copy and returns six signed copies of the Standard Agreement Amendment (Std. 213A) form to the LASS contract analyst for processing.
5. State DHS executes the contract and the WIC Branch mails it to the local agency. An amendment is not effective until it is executed by the State.

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### III. CONTRACT CHANGES

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**Changes not Requiring  
a Contract  
Amendment, but  
Requiring WIC Branch  
Approval**

The following changes to the local agency contract do not require the preparation of a contract amendment, but require State WIC Branch approval prior to the change.

1. Adding new sites to the local agency's service area.
2. A transfer of funds (line item transfer) between individual numbered line items if the amounts do *not* exceed the line item transfer limits. Line item transfers are restricted to a maximum of four line item transfers each FFY. Line item transfers are restricted to 10% of the budget period total, up to a maximum of \$100,000 per contract budget within the contract term.

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3. The addition of new personnel classifications to be paid
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with direct costs.

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### **Procedure to Request Changes not Requiring a Contract Amendment**

#### **1. Changes in Service Area:**

Requests for changes to the service area must be submitted in writing to your WIC Branch Regional Advisor and must include:

- a. An explanation of the need for the proposed change with comments and support from nearby WIC Programs.
- b. Existing service area and proposed changes including maps.
- c. The proposed effective date.
- d. The new site request form (Attachment 3-3)

#### **2. Transfer of Funds (Line item shift):**

Requests for transfer of funds between numbered line must be submitted in writing to the WIC Branch Financial Management Reporting Section (FMRS) and must include:

- a. Line Item Shift form, Attachment 11-3, identifying the numbered line item(s) to be reduced in order to increase another numbered line item(s); and
- b. The proposed effective date of the change.

#### **3. New Personnel Classifications:**

Request to add new personnel classifications must include a copy of the Personnel Justification Worksheet (refer to Chapter 1).

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**Estimated Time  
Frames for Processing  
Changes**

Local agency requests for contract changes may be submitted anytime. The State WIC Branch will respond as quickly as possible.

1. Contract Amendments: A minimum of 90 days prior to the proposed effective date, to allow for processing at all levels.
2. Line Item Shift (LIS): Prior to the expenditure, or with the invoice requesting reimbursement for the expenditure. Because LIS requests may not be approved, we recommend that requests be submitted prior to the expenditure.
3. Service Area: A minimum of 60 days prior to the proposed effective date. Insufficient data or lack of local agency consensus will delay processing the request.

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## **IV. ATTACHMENTS**

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**Attachments**

Attachments for Chapter 3 to follow this page.

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**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

<b>1</b>	<b>INSTRUCTIONS:</b> Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this <b>fully completed</b> form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. <b>NOTE:</b> Governmental entities, federal, state, and local (including school districts), are not required to submit this form.			
<b>2</b>	PAYEE'S LEGAL BUSINESS NAME (Type or Print)			
	SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS		
	MAILING ADDRESS	BUSINESS ADDRESS		
	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE		
<b>3</b>  PAYEE ENTITY TYPE   CHECK ONE BOX ONLY	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.	
	<input type="checkbox"/> <b>PARTNERSHIP</b>			<b>CORPORATION:</b> <input type="checkbox"/> <b>MEDICAL</b> (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> <b>LEGAL</b> (e.g., attorney services) <input type="checkbox"/> <b>EXEMPT</b> (nonprofit) <input type="checkbox"/> <b>ALL OTHERS</b>
	<input type="checkbox"/> <b>ESTATE OR TRUST</b>			
	<input type="checkbox"/> <b>INDIVIDUAL OR SOLE PROPRIETOR</b> ENTER SOCIAL SECURITY NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	(SSN required by authority of California Revenue and Tax Code Section 18646)			
<b>4</b>  PAYEE RESIDENCY TYPE	<input type="checkbox"/> California resident—qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side)—Payments to nonresidents for services may be subject to State income tax withholding. <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.			
<b>5</b>	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.			
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE		
	SIGNATURE	DATE	TELEPHONE ( )	
<b>6</b>	Please return completed form to:  Department/Office: _____  Unit/Section: _____  Mailing Address: _____  City/State/ZIP: _____  Telephone: ( ) _____ FAX: ( ) _____  E-Mail Address: _____			

State of California—Department of Health Services

# **PAYEE DATA RECORD**

STD. 204 (Rev. 6-2003) (Page 2)

<b>1</b>	<p><b>Requirement to Complete Payee Data Record, STD. 204</b></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>
<b>2</b>	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>
<b>3</b>	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>
<b>4</b>	<p><b><u>Are you a California resident or nonresident?</u></b></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <p>Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
<b>5</b>	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
<b>6</b>	<p>This section must be completed by the State agency requesting the STD. 204.</p>
<p><b>Privacy Statement</b></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>	



## LOCAL GOVERNMENT NAME CHANGE

<b>1</b>	<b>Use this form for Local Government Name Changes Only. Complete all the information on this form. Sign, date, and return to State WIC Branch address shown at bottom of this page for processing of the name change amendment. Prompt return of the fully completed form will prevent delays in changing the local agency name.</b>		
<b>2</b>	CONTRACT NUMBER	EFFECTIVE DATE	
<b>3</b>	CURRENT LEGAL BUSINESS NAME (Type or Print)		
	MAILING ADDRESS	BUSINESS ADDRESS	
	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	
<b>4</b>	NEW LEGAL BUSINESS NAME		
<b>5</b>	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):                      -		
<b>6</b>	<b>I hereby certify that the information provided in this document is true and correct.</b>		
	AUTHORIZED REPRESENTATIVE NAME (Type or Print)		TITLE
	SIGNATURE	DATE	TELEPHONE (       )
<b>7</b>	<b>Please Return Completed form to:</b>  DHS Women, Infants, and Children (WIC) Supplemental Nutrition Branch Local Agency Support Section Attention: Regional Advisor 3901 Lennane Drive Sacramento, CA 95834		
<b>For State Use Only</b>			
Date Received _____ Date Completed _____		<input type="checkbox"/> LASS Contract Analyst <input type="checkbox"/> FMRS Contract File	





## INSTRUCTIONS FOR COMPLETING REQUEST FOR WIC SITE APPROVAL

- **Local agency name:** Legal name of local agency.
- **Date:** Date you are completing the form.
- **Current address:** Mailing address for Primary WIC Program Contact.
- **Opening a new site:** Check here if you are opening a new WIC site in an area not previously served by your agency or are expanding to a new site.
- **Relocating:** Check here if you are relocating a site and are still serving the same population and/or geographical service area.
- **Date to open:** Anticipated date of opening site for WIC services. (Allow a minimum of four months.)
- **Site name:** The name used by the site.
- **New address:** Physical address of proposed site.
- **Old address:** If you are moving, write in the address of the site you are closing.
- **Number of participants:** Anticipated number of participants served.
- **Number of days:** How many days this site will provide services per month.
- **Reasons for new site:** Please explain why you want to open a new site; include coordination efforts with other WIC agencies and health providers; convenience for participants.
- **Is this site handicap accessible?** For example, are there wheelchair ramps, bathrooms, etc.
- **List all WIC agencies in this service area.**
- **What public transportation is available?** Please identify the public transportation available.
- **Map:** Please mark all current WIC sites (including other local agency's sites) and proposed WIC site(s).
- **The Letter of Notification** must be sent to all WIC agencies which serve the same geographic area, explaining your proposed site changes and offering them an opportunity to comment within 30days. You must obtain a written responses from each agency and forward their response to us after the comment period with this WIC Site Request.
- **Closing a site:** Please mark here if you are permanently closing a site.
- **Site number:** The number assigned to this site.
- **Date closing:** Anticipated date WIC services will no longer be provided at this site.
- **Site name:** The name used by the site.
- **Reasons for closing:** Please explain reasons for closing this site; include impact on participants and dollar savings.
- **Where will these participants go?** Explain where these participants will receive WIC services.
- **Number of participants served:** Number of participants affected by the closure of this site.
- **Average distance to other sites:** Average distance participants will travel to get WIC services at other sites.
- **Floor plan:** Use the following legend for electrical outlets in the floor plan: duplex-two plug  ; four plex-four plug 

**When completed, mail to the State WIC Branch, Equipment Assessment Team (EAT)**

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## INSTRUCTIONS TO STATE STAFF

### LASU Site Coordinator:

1. Upon receipt of WIC Site Approval request:
  - Gather all supporting data and letters responding to "Letter of Notification."
  - Approve or disapprove, then forward to supervisor for signature.
2. After approval:
  - Assign site number and notify local agency.
  - Write site number on original form.
  - Forward to support staff for routing.